# STATE OF NEW HAMPSHIRE

# 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

### PLEASE PRINT

I. Name of Lobbyist(s) Kar	en Soucy		
II. Name of lobbyist's partnersl	iip, firm or corporation, if an	y:	
Bianco Professional A	Association		
(Name of partner	ship, firm or corporation)		
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603 225-7170	(603) 226-0165	e-mail ksoucy	@biancopa.com
(Telephone)	(Fax)		
III. This statement covers: (Cho			ay file a separate report for
reportable expense transactions	which are not attributable to	any one client).	
☐ All reportable transactions oc	curring in the months prior to th	ne reporting date relative to the	ne following client:
•	,	1 2	J
(Full Name	e of Client as it appears on the Lob	byist Registration Form)	
<u>OR</u>		, ,	
All reportable transactions by	the lobbyist (including the lobb	yist's family), or the lobbying	g firm listed below which are
unrelated to any particular client.			
IV. Date of Report April 26.	, 2017 🗆	July 26, 2017 🔲	
	of registration to 3/31/17	activity from 4/1/17 to 6/30/17	7
	25, 2017	January 31, 2018 🖺	
activity fron	1 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31	/1/
V. There have been no fees r			
If this box is checked, complete ju Concord, NH 03301.	st this form and submit it to the	Secretary of State's Office, S	State House, Room 204,
VI. Check if additional reports			
*	nade expenditures, you must fil		•
<ul> <li>If you have paid an nonorarium</li> <li>Expense Reimbursement</li> </ul>	ım or reimbursed expenses, you	i must file <b>Addendum B</b> – Re	port of Honorariums or
	nily has made political contribut	tions, you must file Addendu	m C-Political Contributions
Sworn Statement/Affirmation b I have read RSA 15, RSA 15-B, F	y Lobbyist		forcasina information is true
and correcte to the best of my kn	towledge and belief.	reby swear or annim mat me	foregoing information is true
A ()	<b>~</b>	1/24/14	
(Signature of lobbyist)	<del></del>	(Da	te)
Karen Soucy		,	RECEIVE
(Print Name of lobbyist)	<del></del>		<u>-</u> <del>,</del>

JAN 3 0 2018



# STATE OF NEW HAMPSHIRE

# Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s) Kai	en N. Soucy		
II. Name of lobbyist's part	nership, firm or cor	poration, if any:	
Bianco Profes	ssional Association		
****	nership, firm or corporation)		
III. Name of Client			Date 01/24/2018
Political Contributions For each political contribut client/lobbyist and lobbying			ter 664 paid on behalf of the
Full name of candidate:		House Democrats	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	30.00	Office Candidate is	s Seeking
Full name of candidate:	(Last Name)		
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$			
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	ribution on the line abov	a description of the good re for amount of contribu	ls or services provided, and enter thation. If the actual cost is not know
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$			(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the actual cost of the in-kind contribution on the line above for amount of center an estimated value and the word "estimate."				
(If more than three contributions were made, report additional contributions on	sanarata addandum C forms			
Sworn Statement/Affirmation by Lobbyist	separate addendum C forms.)			
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.				
(Signature of lobbyis)  Karen N. Soucy	01/24/2018 (Date)			
(Print Name of lobbyist)				